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SCIENCE, PSYCHIATRY AND SOCIAL JUSTICE

Watchful Waiting and Depathologization Effective First Line Approach to Depression

A new study highlights the benefits of a partial watchful waiting approach as a first-line treatment to non-suicidal depressive symptoms.

By **Ashley Bobak, PsyD** - February 28, 2024

A new study published in the *Journal of Affective Disorders Reports* attempts to address the issue of antidepressant overuse by offering a solution: adopting a partial watchful watching approach to depressive symptoms. Researchers found that this multifaceted approach led to the majority of patients experiencing significant improvement in symptoms without drugs or psychotherapy.

The researchers, led by Milutin Kostic of the Institute of Mental Health in Belgrade, Serbia, write:

"Considering Ads [antidepressants], one should keep in mind that they have (1) modest short-term effectiveness; (2) questionable long-term effectiveness, with hypothesized and somewhat supported possible negative long-term effects; and (3) potential for withdrawal symptoms. Further caution has been based on observations that ADs themselves might chronify depression. Also, even time-consuming and expensive psychotherapy can pathologize and potentially evoke adverse effects."

A partial watchful waiting (WW) approach has traditionally been used as a medical intervention where time is allowed to pass before treatment is administered. When applied to depression, WW involves educating the patient

about the diagnosis and the potential risks and benefits of medication and psychotherapy.

When biological explanations of depression are connected to diagnosis, patients tend to become more pessimistic about their ability to get better, which, unsurprisingly, leads to worse outcomes. In fact, there is no evidence that low serotonin causes depression, pointing to the lack of evidence to support biological theories of depression. Additionally, the reliance on biological narratives contributes to the pathologization and potential misdiagnosis of normal sadness – as seen in the psychiatrization of grief in "prolonged grief disorder."

In the current study, researchers used a WW approach, which includes psychosocial education on depression, including an explanation of the flaws associated with a depression diagnosis, depathologization of sadness, and shared decision-making with non-suicidal patients experiencing depressive symptoms. It is the first known study of its kind to apply WW to depressive symptoms.

In practice, antidepressants continue to be the standard first-line treatment for depression despite their potential harms and being found to be no better than a placebo for most. Antidepressant use is on the rise both in adults and children,

yet prevalence rates are not decreasing, which suggests that psychiatry's current solutions are not working.

Researchers approached the study with the understanding that often when patients are seeking help with symptoms of depression, they tend to be experiencing social problems and have a lack of social support. They argue that a first-line approach should not be drugs or therapy but rather facilitating psychosocial interventions to help patients build on their psychological abilities.

Eighty-three individuals receiving outpatient treatment at the Institute of Mental Health in Belgrade (Serbia) met the inclusion criteria for the study. Patients included in the study were drug-free, non-suicidal, met the criteria for a depressive diagnosis according to the International Classification of Diseases (ICD), and had no previous visits or less than a year of visits with a psychiatrist. The participants were followed by six psychiatrists over three months, and all of the psychiatrists were blind to the results of their colleagues.

The psychiatrists were asked to inform their patients of the following before asking them to participate in the study:

"(1) The distinction between depression as a disorder and sadness as a normal human feeling was not completely clear, and the diagnostic criteria could not achieve completely correct discrimination between them – therefore, a false positive diagnosis was possible when we could not expect ADs to be beneficial. (2) ADs are associated with potential adverse effects and should not be considered the first choice. (3) Studies have shown that a relatively large proportion of patients (30–50 %) spontaneously got better without psycho- or pharmacotherapy. (4) On these premises, we were suggesting to start with monitoring the patient's conditions and offering support and advice on problem-solving in various areas, if needed."

Seven of the 83 initial patients declined to participate in the study due to expectations that they would receive pharmacotherapy. The researchers elected to include this in their report, citing that given that they are interested in real-world outcomes, this is the first potential outcome of WW. In total, 76 patients completed the entirety of the study. Most patients were female (82.9%), and the

average age was 37.2 years.

Kostic and colleagues found that WW effectively reduced symptoms and improved daily functioning without therapy or drugs in most patients (64.5%). A quarter of participants opted for pharmacotherapy, with researchers highlighting that those patients may have not necessarily required that treatment but requested it. They were unable to obtain results for patients who elected drug treatment.

Researchers also found that expectations about receiving pharmacotherapy influenced whether patients agreed to begin and finish the study. People who came into the study without any expectations about medication or were uncertain about what to expect tended to respond better to the WW approach.

On the other hand, those who had expectations that they would be prescribed antidepressants often ended up receiving them. Yet, there was no statistically significant difference in participants' responses to a depression symptom rating scale between participants who ultimately received antidepressants versus those who did not.

A significant limitation of this study is its population sample consisting of primarily adult women, with no reference to ethnic/racial background. Further research will need to be conducted to determine if the findings are generalizable to individuals across varying genders, ages, and racial/ethnic backgrounds.

The researchers conclude with a thought-provoking reference to a previous study:

"Interestingly enough, in a study by Mendel et al. (2010), it has been shown that, if presented with a hypothetical scenario where they themselves had depression, most psychiatrists would choose WW as the first-line treatment, while if put in a position to suggest treatment to a patient asking for a recommendation, they would choose ADs as the first-line. Our study shows that this discrepancy should be lost and that all non-suicidal depressed patients should be given the possibility for WW."

Identifying alternatives to addressing depressive symptoms without immediately jumping to antidepressants is imperative, given the risks associated with them, such as placing users at increased risk for morbidity and mortality, diabetes, and suicide attempts.

Disturbingly, a recent study found that top psychiatry journals are more likely to present antidepressants in a favorable light, hiding suicide risk associated with antidepressants and that the authors of these studies were often found to have financial ties to big pharma.

Additionally, while a recent study found that psychotherapy without medication leads to the best results in treating depression, it is also important that other approaches, such as WW, are considered–like antidepressants, psychotherapy can also lead to negative side effects such as psychological distress and strained family relationships.

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Kostic, M., Milojevic, T., Buzejic, J., Stojakovic, M. S., Maslak, J., Ilic, M., Jakovljevic, A., Munjiza, A.,Podgorac, A., Dabetic, M., Vezmar, M., Lazarevic, M. (2024). Watchful waiting for depression using depathologization, advice, and shared decision-making. *Journal of Affective Disorders Reports, 16*. doi: https://doi.org/10.1016/j.jadr.2024.100753 (Link)

Ashley Bobak, PsyD

Ashley Bobak is a doctoral level therapist and earned her doctoral degree in Clinical-Community Psychology from Point Park University. She is interested in the intersections of philosophy, history, and psychology and is using this intersection as a lens to examine substance addiction. She hopes to develop

and promote alternative approaches to conceptualizing and treating psychopathology that maintain and revere human dignity.